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## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	
First Inventor	Janine Y. Ross
Title	Rear Lightout Indicator
Evnress Mail I ahel No	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450			
1.    Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3.    Specification	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. Paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement Power of (when there is an assignee)  11. English Translation Document (if applicable)  12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations  13. Pretiminary Amendment  14. Return Receipt Postcard (MPEP 503) (Should be specifically iternized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  Other:			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  Continuation  Divisional  Continuation-in-part (CIP)  of prior application No				
19. CORRESPONDENCE ADDRESS				
Customer Number:	OR Correspondence address below			
Name				
Address				
	State 7 Tin Code			
Cambri	State Zip Code			
Name (Print/Type) Januar 7. 12959	Registration No. (Attorney/Agent)			
Signature TANUL FROM	Date 2-25-04			

This collection of information is required by 37 CFR (£53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
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FEE	TR	AN	SMI	<b>ITAL</b>
	for	FY	2004	4

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT   (\$	OTAL	<b>AMOUNT</b>	OF PAYMENT	(\$)
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Co	mplete if Known	
Application Number		
Filing Date		
First Named Inventor	Janine Y. Ross	
Examiner Name		
Art Unit		
Attorney Docket No.		

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Other None	3. ADDITIONAL FEES					
Deposit Account:		Entity	Small	Entity		
Deposit Deposit	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid_
Account Number	1051	130	2051		Surcharge - late filing fee or oath	reeraid
Deposit	1052	50	2052	25	Surcharge - late provisional filing fee or	
Account Name	4050	400	4050	420	cover sheet	
The Director is authorized to: (check all that apply)	1053 1812	130 2,520	1053	130 2,520	Non-English specification  For filing a request for ex parte reexamination	
Charge fee(s) indicated below Credit any overpayments		920*	1804	-	Requesting publication of SIR prior to	
Charge any additional fee(s) or any underpayment of fee(s)		320	100-	320	Examiner action	
Charge fee(s) indicated below, except for the filling fee	1805	1,840*	1805	1,840°	Requesting publication of SIR after Examiner action	
to the above-identified deposit account.	1251	110	2251	55	Extension for reply within first month	
FEE CALCULATION	1252	420	2252	210		
1. BASIC FILING FEE Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	
Fee Fee Fee Fee Description Fee Paid	1254	1,480	2254	740	Extension for reply within fourth month	
Code (\$) Code (\$)	1255	2.010	2255	1.005	Extension for reply within fifth month	
1001 770 2001 385 Utility filing fee 385.0	1401	330	2401		Notice of Appeal	]
1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee	1402	330	2402		Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403		Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451		1451		Petition to institute a public use proceeding	
	1452	110	2452	•	Petition to revive - unavoidable	
SUBTOTAL (1) (\$) 385."		1,330	2453		Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1.330	2501		Utility issue fee (or reissue)	
Fee from Extra Claims below Fee Paid	1502	480	2502		Design issue fee	
Total Claims20** = X =	1503	640	2503	320	Plant issue fee	
Independent - 3** = X = =	1460	130	1460	130	Petitions to the Commissioner	
Multiple Dependent =	1807	50	180	7 50	Processing fee under 37 CFR 1.17(q)	
Large Entity   Small Entity	1806	180	180	B 180	Submission of Information Disclosure Stmt	
Fee Fee Fee Fee Fee Description Code (\$)	8021	40	802	1 40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	280	9 385	Filing a submission after final rejection	
1201 86 2201 43 Independent claims in excess of 3					(37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1810	770	281	0 385	i For each additional invention to be examined (37 CFR 1.129(b))	
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application	
SIRTOTAL (2)	Other	fee (sp	ecify)_			
SUBTOTAL (2) (\$) **or number previously paid, if greater, For Reissues, see above \$  *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)						

SUBMITTED BY (Complete (if applicable)) Janine Y. Ross Registration No. Name (Print/Type) Telephone (Attorney/Agent) Signature

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